



ARMED FORCES INSTITUTE OF PATHOLOGY
Office of the Armed Forces Medical Examiner
 1413 Research Blvd., Bldg. 102
 Rockville, MD 20850
 301-319-0000



FINAL AUTOPSY EXAMINATION REPORT

Name: BTB Mohamed, Hamed Ali
ISN: (b)(6)
Date of Birth: (b)(6) 1952
Date of Death: (b)(6) 2006
Date of Autopsy: 15 FEB 2006 @ 1000
Date of Report: 29 JUN 2006

Autopsy No.: (b)(6)
AFIP No.: (b)(6)
Rank: Iraqi Civilian Detainee
Place of Death: Iraq
Place of Autopsy: Port Mortuary,
 Dover AFB, Dover, DE

Circumstances of Death: Reportedly, this Iraqi civilian detainee was assaulted by fellow detainees.

Authorization for Autopsy: Office of the Armed Forces Medical Examiner, LAW 10 USC 1471

Identification: Presumptive identification is established by accompanying identification tag and documentation. Fingerprints and DNA are taken to compare to exemplars when available.

CAUSE OF DEATH: MULTIPLE BLUNT FORCE INJURIES

MANNER OF DEATH: HOMICIDE

FINAL AUTOPSY DIAGNOSES:

I. Multiple Blunt Force Injuries

A. Head and neck

1. Two abrasions of the forehead, 1 ¼ x 1-inch and ½ x ½-inch and located 1 ½-inches below the top of the head and ¼ left of the anterior midline to ½-inch right of the anterior midline of the head in the anatomic position; with associated subgaleal hemorrhage and multiple linear fractures of the right side of the frontal and right parietal bones
2. Contusion of the right orbit, 3 x 1 ½-inches
3. Subconjunctival hemorrhage
4. Discontinuous abrasion of the right cheek and nose, 1 x ½-inch and located 6-inches below the top of the head and 1-inch right of the anterior midline of the head in the anatomic position
5. Rectangular, patterned contusion of the right cheek, 3 x 2-inches located 6 ½-inches below the top of the head and 2 ¾-inches right of the anterior midline of the head in the anatomic position, with associated contusion of the buccal mucosa and fracture of the right zygoma
6. Discontinuous, irregular abrasion of the posterior scalp, 3 ¾ x 2-inches, located 2-inches below the top of the head and on the posterior midline of the head in the anatomic position
7. Two contusions of the anterior neck, ¼ x ¼-inch (located 10 ¾-inches below the top of the head and ½-inch left of the anterior midline of the neck in the anatomic position) and 1 x ½-inch (located 11 ½-inches below the top of the head and on the anterior midline of the neck in the anatomic position) and associated hemorrhage of the inferior aspect of the left sternohyoid muscle and hemorrhage of the right submandibular soft tissue
8. Acute subdural hemorrhage, left temporal region
9. Diffuse subarachnoid hemorrhage
10. Multiple contusions of the brain: right orbito-frontal region, left inferior temporal region, bilateral occipital lobes, bilateral cerebellar hemispheres

B. Torso

1. Irregular, outline patterned abrasion of the right chest, 4 x 3-inches, located 13 ¾-inches below the top of the head and 1 ¾-inches right of the anterior midline of the torso in the anatomic position, with an associated rectangular pattern 3 x 2-inch contusion 13 ¾-inches below the top of the head and 5 ½-inches right of the anterior midline of the head in the anatomic position
2. Abrasion of the upper left chest, 1 x ¼-inches, located 16 ½-inches below the top of the head and 1 ¾-inches left of the anterior midline of the torso in the anatomic position

3. Irregular outline patterned abrasion of the lower left chest, 4 x 1 ¼-inches, located 19 ½-inches below the top of the head and 7-inches left of the anterior midline of the torso in the anatomic position
4. Linear abrasion of the lower left back, 4 ¾ x 1/8-inch, located 22 ½-inches below the top of the head and 6 ¾-inches left of the posterior midline of the torso in the anatomic position, with associated underlying soft tissue hemorrhage
5. Multiple left rib fractures: 2nd through 4th anterior, 2nd through 9th lateral and 2nd posterior left ribs with associated left hemothorax (400-milliliters of liquid blood)
6. Fracture of the body of the sternum
7. Hemorrhage of the soft tissues surrounding the second thoracic vertebra, bilaterally
8. Capsular hematoma of the inferior right lobe of the liver
9. Hemorrhage of the left peri-renal soft tissues

C. Extremities

1. Abrasion of the anterior right forearm, ¾ x ½-inch, located 7-inches below the elbow and ½-inch lateral to the anterior midline of the right upper extremity in the anatomic position, with an associated 2 x 1-inch ecchymosis
2. Contusion of the posterior right forearm, 1 x ¼-inch, located 5-inches below the elbow and 1 ¾-inches medial to the posterior midline of the right upper extremity in the anatomic position with associated soft tissue hemorrhage
3. Contusion of the dorsum of the left hand, 1 ¼ x ¾-inch, located 12 ¼-inches below the elbow and 1 ¼-inches lateral to the posterior midline of the left upper extremity in the anatomic position
4. Abrasion of the anterior right thigh, 1 x 1/8-inch, located 28 ¾-inches above the heel and 1-inch lateral to the anterior midline of the right lower extremity, with an associated 2 ½ x 2 ½-inch ecchymosis
5. Contusion of the medial right knee, ½ x ½-inch, located 17 ¾-inches above the heel and 4-inches medial to the anterior midline of the right lower extremity, with associated soft tissue edema
6. Cluster of abrasions of the proximal anterior right leg, ranging in size from 1/16-inch to ¼-inch and covering an area ½ x ¼-inch, located 14 ½-inches above the heel and on the anterior midline of the right lower extremity
7. Contusion of the medial right leg, 1 x ½-inch, located 13 ¾-inches above the heel and 3 ¾-inches medial to the anterior midline of the right lower extremity
8. Contusion of the right popliteal fossa, 7 ¼ x 4 ¼-inches, located 14 ¼-inches above the heel and 1-inch medial to the posterior midline of the right lower extremity with associated soft tissue hemorrhage into the posterior thigh
9. Faint contusion of the left knee, 1 x 1-inch, located 17 ½-inches above the heel and 3-inches medial to the anterior midline of the left lower extremity

10. Square 2 x 2 patterned contusion of the left popliteal fossa, 4 ¼ x 4-inches, located 15 ¾-inches above the heel and on the posterior midline of the left lower extremity
11. Fractures of the medial condyle of the right humerus and olecranon process of the right ulna with associated soft tissue edema and ecchymoses of the right elbow (4 x 2 ½-inches) and right antecubital fossa (3 ¾ x 3 ½-inches)
12. Fracture of the olecranon process of the left ulna with associated soft tissue edema and 4 ¾ x 4-inch ecchymosis of the left antecubital fossa

II. Natural Disease

- A. Mild to moderate anthracosis
- D. Severe two-vessel coronary atherosclerosis
 1. The proximal left anterior coronary artery has 90% luminal narrowing
 2. The proximal right coronary artery has 75% luminal narrowing
- B. Moderate atherosclerosis of the abdominal aorta
- C. Mild hepatic steatosis
- D. Bilateral nephrosclerosis (gross)
- E. Cyst of the left kidney

III. Evidence of Medical Intervention

- A. Endotracheal tube
- B. Cardiac monitor leads: both shoulders, left lateral torso, abdomen, and both thighs
- C. Urinary bladder catheter
- D. Triple lumen catheter, right groin
- E. Splints with elastic wraps, both upper extremities
- F. Double lumen catheter, right hand

IV. Minimal decomposition

V. Toxicology

- A. The blood is tested for carboxyhemoglobin and none is found
- B. The blood is tested for cyanide and none is found
- C. The blood and vitreous fluid are tested for ethanol and none is found
- D. The blood is screened for medications and drugs of abuse and Atropine is detected but is not quantitated in the blood

EXTERNAL EXAMINATION

The body is that of a well-developed, well-nourished appearing 68-inch, 146-pound male whose appearance is consistent with the reported age of 53 years. Lividity is posterior and fixed. Rigor is equal in all extremities, and the temperature is that of the refrigeration unit.

The scalp is covered with short gray hair in a male pattern baldness distribution. The irides are blue, the pupils are round and equal in diameter and the corneas are cloudy. There is subconjunctival hemorrhage present at the right lateral canthus. The external auditory canals are clear. The ears are unremarkable. The nares are patent and the lips are atraumatic. The nose and maxillae are palpably stable. The teeth appear natural and in fair condition, with remote loss of the left upper central incisor.

The neck is straight, and the trachea is midline and mobile. The chest is asymmetric. The abdomen is flat. The genitalia are those of a normal adult male. The testes are descended and free of masses. Pubic hair is present in a normal distribution. The buttocks and anus are unremarkable.

The upper and lower extremities are symmetric and without clubbing or edema.

CLOTHING AND PERSONAL EFFECTS

The following clothing items and personal effects are present on the body at the time of autopsy:

- Blue hospital gown

MEDICAL INTERVENTION

- Endotracheal tube
- Cardiac monitor leads: both shoulders, left lateral torso, abdomen, and both thighs
- Urinary bladder catheter
- Triple lumen catheter, right groin
- Splints with elastic wraps, both upper extremities
- Double lumen catheter, right hand

RADIOGRAPHS

A complete set of postmortem radiographs is obtained and demonstrates the following:

- Fracture of the right zygomatic process
- Fractures of the right side of the frontal bone and the right parietal bone
- Multiple left rib fractures
- Fractures of the olecranon process of the right ulna and the medial condyle of the right humerus
- Fracture of the olecranon process of the left ulna

EVIDENCE OF INJURY

The ordering of the following injuries is for descriptive purposes only, and is not intended to imply order of infliction or relative severity.

I. Blunt Force Injuries

A. Head and Neck

There are two abrasions of the right forehead which measure 1 ¼ x 1-inch and ½ x ½-inch and are located 1 ½-inches below the top of the head and ¼-inch left to ½-inch right of the anterior midline of the head in the anatomic position. Underlying these abrasions is galeal and subgaleal hemorrhage and multiple linear fractures of the right side of the frontal and right parietal bones. There are multiple contusions of the brain that are located in the right orbito-frontal region, the left inferior temporal region, both occipital lobes and both cerebellar hemispheres. There is a small (less than 5-milliliters) subdural hematoma overlying the left temporal lobe, and a diffuse subarachnoid hematoma that is distributed over the superior cerebral hemispheres bilaterally.

There is a 3 x 2-inch rectangular, patterned contusion of the right cheek, located 6 ½-inches below the top of the head and 2 ¾-inches right of the anterior midline of the head in the anatomic position, with associated contusion of the buccal mucosa and fracture of the right zygomatic process. There is a 1 x ½-inch discontinuous abrasion of the right cheek and nose, located 6-inches below the top of the head and 1-inch right of the posterior midline of the head in the anatomic position. There is a 3 x 1 ½-inch right periorbital contusion with an associated subconjunctival hemorrhage at the right lateral canthus. There is a discontinuous, 3 ¾ x 2-inch irregular abrasion of the posterior scalp, located 2-inches below the top of the head and on the posterior midline of the head in the anatomic position.

There are two contusions of the anterior neck which measure 1 x ½-inch (located 11 ½-inches below the top of the head and on the anterior midline of the neck in the anatomic position) and ¼ x ¼-inch (located 10 ¾-inches below the top of the head and ½-inch left of the anterior midline of the neck in the anatomic position). Associated with these contusions are hemorrhage of the inferior aspect of the left sternohyoid muscle and hemorrhage of the right submandibular soft tissue

B. Torso

There is a faint, 1 x ¼-inch abrasion on the left chest, located 16 ½-inches below the top of the head and 1 ¾-inches left of the anterior midline. On the lower left chest, located 19 ½-inches below the top of the head and 7-inches left of the anterior midline, is a 4 x 1 ¼-inch irregular outline patterned abrasion. There is a 4 x 3-inch irregular outline patterned abrasion on the right chest located 13 ¾-inches below the top of the head and 1 ¾-inches right of the anterior midline, with an associated rectangular pattern 3 x 2-inch contusion located 13 ¾-inches below the top of the head and 5 ½-inches right of the anterior midline of the torso in the anatomic position. On the left back, located 22 ½-inches below the top of the head and 6 ¾-inches left of the

posterior midline, is a 4 ¾ x 1/8-inch linear abrasion with underlying subcutaneous hemorrhage.

The left chest is externally markedly deformed with multiple underlying rib fractures; the 2nd through 4th anterior left ribs (cannot exclude medical intervention), the 2nd through 9th lateral left ribs and the 2nd posterior left rib are fractured with associated left hemothorax (400-milliliters of liquid blood). The body of the sternum is fractured (cannot exclude medical intervention). There is a small capsular hematoma of the inferior right lobe of the liver, and there is a small left peri-renal soft tissue hemorrhage. There is focal soft tissue hemorrhage of the back at the level of the 2nd thoracic vertebra.

C. Extremities

1. Right Upper Extremity

There are fractures of the medial condyle of the right humerus and the olecranon of the right ulna with associated soft tissue edema and a 4 x 2 ½-inch ecchymosis. There is also a 3 ¾ x 3 ½-inch ecchymosis in the right antecubital fossa, located 12 ¾-inches below the top of the shoulder and on the anterior midline of the right upper extremity.

On the anterior right forearm, located 7-inches below the elbow and ½-inch lateral to the anterior midline of the forearm is a ¾ x ½-inch abrasion and associated 2 x 1-inch ecchymosis. There is a 1 x ¼-inch contusion on the posterior right forearm, located 5-inches below the elbow and 1 ¾-inches medial to the posterior midline of the right forearm and associated soft tissue hemorrhage.

2. Left Upper Extremity

There is a fracture of the proximal left ulna (olecranon) with associated soft tissue edema. There is also a 4 ¾ x 4-inch ecchymosis in the left antecubital fossa, located 12 ¼-inches below the top of the shoulder and on the anterior midline of the left upper extremity.

There is a 1 ¼ x ¾-inch contusion on the dorsum of the left hand, located 12 ¼-inches below the elbow and 1 ¼-inch lateral to the posterior midline of the left upper extremity.

3. Right Lower Extremity

There is a 1 x 1/8-inch abrasion on the anterior right thigh, located 28 ¾-inches above the heel and 1-inch lateral to the anterior midline of the right lower extremity; there is also a 2 ½ x 2 ½-inch ecchymosis associated with this abrasion. On the medial surface of the right knee, there is a ½ x ½-inch contusion located 17 ¾-inches above the heel and 4-inches medial to the anterior midline of the right lower extremity.

On the proximal anterior right leg, there is a cluster of abrasions which range in size from 1/16 to 1/4-inch covering an area of 1/2 x 1/4-inch, located 14 1/2-inches above the heel and on the anterior midline of the right lower extremity. On the medial right leg, there is a 1 x 1/2-inch contusion located 13 3/4-inches above the heel and 3 3/4-inches medial to the anterior midline of the right lower extremity.

In the right popliteal fossa, there is a 7 1/4 x 4 1/4-inch contusion located 14 1/4-inches above the heel and 1-inch medial to the posterior midline of the right lower extremity.

4. Left Lower Extremity

There is a 1 x 1-inch faint contusion with a faint pattern on the medial left knee, located 17 1/2-inches above the heel and 3-inches medial to the anterior midline of the left lower extremity.

In the left popliteal fossa, there is a 4 1/4 x 4-inch contusion with a square 2 x 2 pattern located 15 3/4-inches above the heel and on the posterior midline of the left lower extremity.

INTERNAL EXAMINATION

HEAD:

Injuries to the head are described above (see "Evidence of Injury, I.A." above). The brain weighs 1,340-grams and is submitted for Neuropathology consultation. See the attached Neuropathology consult addendum for complete details.

NECK:

Layer-wise dissection reveals that the anterior strap muscles of the neck are homogenous and red-brown; there is hemorrhage at the base of the left sternohyoid muscle. The thyroid cartilage and hyoid bone are intact. The larynx is lined by intact white mucosa. The thyroid gland is symmetric and red-brown, without cystic or nodular change. The tongue is free of bite marks, hemorrhage, or other injuries.

Incision and dissection of the posterior neck demonstrates no deep paracervical muscular injury and no cervical spine fractures.

BODY CAVITIES:

The vertebral bodies are visibly and palpably intact. Injuries and changes involving the ribs, sternum and left pleural cavity are described above (see "Evidence Injury, I.B."). There is no excess fluid in the right pleural, pericardial, or peritoneal cavities. The organs occupy their usual anatomic positions.

RESPIRATORY SYSTEM:

The right and left lungs weigh 590 and 610-grams, respectively. The external surfaces are smooth and deep red-purple. The pulmonary parenchyma is diffusely congested and

edematous with anthracotic pigment. No mass lesions or areas of consolidation are present.

CARDIOVASCULAR SYSTEM:

The 430-gram heart is submitted for Cardiovascular Pathology consultation. See the attached Cardiovascular Pathology consult addendum for complete details.

LIVER & BILIARY SYSTEM:

The 1,170-gram liver has an intact, smooth capsule and a sharp anterior border. The parenchyma is yellow-tan to brown and congested, with the usual lobular architecture. Injury to the liver is described above (see "Evidence of Injury, I.B."). The gallbladder contains a minute amount of green-black bile and no stones. The mucosal surface is green and velvety. The extrahepatic biliary tree is patent.

LYMPHORETICULAR SYSTEM:

The 170-gram spleen has a smooth, intact, red-purple capsule. The parenchyma is maroon and congested, with distinct Malpighian corpuscles. The regional lymph nodes appear normal in size; the carinal lymph nodes contain anthracotic pigment.

PANCREAS:

The pancreas is firm and yellow-tan, with the usual lobular architecture. No mass lesions or other abnormalities are seen.

ADRENALS:

The right and left adrenal glands are symmetric, with bright yellow cortices and grey medullae. No masses or areas of hemorrhage are identified.

GENITOURINARY SYSTEM:

The right and left kidneys weigh 120 and 110-grams, respectively. Injuries to the kidneys are described above (see "Evidence of Injury, I.B"). The external surfaces are intact and granular, with a fluid-filled cyst at the left upper pole. The cut surfaces are red-tan and congested, with uniformly thick cortices and sharp cortico-medullary junctions. The pelves are unremarkable and the ureters are normal in course and caliber. Pink-grey bladder mucosa overlies an intact bladder wall. The bladder contains no urine. The prostate gland is normal in size, with lobular, yellow-tan parenchyma. The seminal vesicles are unremarkable. The testes are free of mass lesions, contusions, or other abnormalities.

GASTROINTESTINAL TRACT:

The esophagus is intact and lined by smooth, grey-white mucosa. The stomach contains approximately 50-milliliters of brown fluid. The gastric wall is intact. The duodenum, loops of small bowel and colon are unremarkable. The appendix is present.

MUSCULOSKELETAL SYSTEM:

No non-traumatic abnormalities of the muscles, bones or joints are noted.

MICROSCOPIC EXAMINATION

Selected portions of organs are retained in formalin.

BRAIN:

See the attached Neuropathology consult addendum for complete details.

HEART:

See the attached Cardiovascular Pathology consult addendum for complete details.

ADDITIONAL PROCEDURES

- Documentary photographs are taken by AFMES photographers
- Specimens retained for toxicological testing and/or DNA identification are: vitreous, blood, spleen, liver, lung, kidney, bile, gastric contents, adipose tissue and psoas muscle
- The body is sutured closed without embalming and the dissected organs are forwarded with body
- There are no personal effects

OPINION

This 53-year-old Iraqi civilian detainee (b)(6) died as a result of multiple blunt force injuries he received in unclear circumstances. Severe injuries to the head, torso and extremities were present in locations which are unlikely to have been self-inflicted or in an accidental manner. Both elbow joints were fractured in an unusual manner (olecrenon fractures) that suggests deliberate assault by another person or persons. Contusion and soft tissue hemorrhage of the right forearm suggests that the deceased was bound around the time the injuries were inflicted; at least 20 separate and distinct blunt force injuries are observed. Toxicological testing was negative for ethanol, carboxyhemoglobin, cyanide and drugs of abuse. Atropine (a medication used in resuscitation procedures) was detected but not quantitated in the blood. The manner of death is homicide.

(b)(6)

(b)(6) **Medical Examiner**

(b)(6)

(b)(6) **Medical Examiner**

ADDENDUM 1: NEUROPATHOLOGY CONSULTATION REPORT
(PAGE 1 OF 2)

This material was reviewed in conference on 1 Jun 06.

Brain, autopsy: Multifocal traumatic injuries: 1. Hemorrhagic contusions, acute, right orbito-frontal region, left inferior temporal gyrus, bilateral occipital lobes, and bilateral cerebellar hemispheres.
2. Subarachnoid hemorrhage, acute, diffuse.
3. Subdural hematoma, acute, left temporal region.
4. Arteriolosclerosis, mild.
5. Hypoxic/ischemic changes.

We examined the approximately 1350-gram formalin-fixed brain submitted in reference to this case.

Slightly adherent subdural hemorrhage is noted in the area of the left temporal lobe. Subarachnoid hemorrhage is present over the convexities of the cerebral hemispheres. Diffuse, mild gyral flattening and sulcal narrowing is noted over both cerebral hemispheres; otherwise, the gyral pattern is normal. The cranial nerves are unremarkable. The circle of Willis was dissected from the base of the brain and found to have a normal adult configuration without aneurysms, significant atherosclerosis, or sites of occlusion. Cortical contusions are identified as follows: a 1.5 x 0.8 cm lesion involving the right anterior gyrus rectus and olfactory sulcus with focal extension into the medial, inferior frontal pole; a 0.8 x 0.8 cm contusion on the right orbital surface; a 1.5 x 1 cm lesion on the inferior-lateral surface of the left inferior temporal gyrus; a 6 x 4 cm left occipital lobe lesion, which extends into the occipital pole; multifocal contusions on the right occipital pole, ranging in size from 0.4 cm to 2.0 cm; a 3 x 2 cm left cerebellar lesion; and a 4 x 2 cm right cerebellar contusion. There is no evidence of tonsillar, uncus, or subfalcine herniation. The brainstem is unremarkable.

ADDENDUM 1: NEUROPATHOLOGY CONSULTATION REPORT
(PAGE 2 OF 2)

Serial coronal sections of the cerebrum confirm the presence of the previously described contusions; otherwise, the cortical ribbon is of normal thickness, well demarcated from subjacent white matter. A focal area of dusk discoloration is identified in the medial left occipital lobe cerebral cortex. Myelination is normal. The ventricular system is normal shape and size. The basal ganglia, hippocampi, thalami, and hypothalamus are unremarkable. Serial sectioning of the cerebellum reveals diffuse dusky discoloration of the folia and confirms the presence of the previously described contusions. The substantia nigra and locus ceruleus are normally pigmented for age. The aqueduct is slit-like. The spinal cord is not submitted, but the uppermost cervical cord and cervicomedullary junction are unremarkable.

Summary of microscopic sections: 1. Right gyrus rectus contusion. 2. Right orbital-frontal contusion. 3. Right superior frontal gyrus subarachnoid hemorrhage. 4. Left superior parietal subarachnoid hemorrhage. 5. Left inferior temporal gyrus contusion. 6. Left occipital lobe contusion. 7. Right occipital lobe contusion. 8. Left medial occipital lobe. 9. Left caudate/putamen. 10. Left putamen/globus pallidus. 11. Thalamus. 12. Left corpus callosum and periventricular area. 13. Left hippocampus. 14. Midbrain. 15. Pons. 16. Cerebellum. 17. Right cerebellar contusion. 18. Left cerebellar contusion. 19. Medulla. 20. Cervicomedullary junction. 21. Dura.

The tissue was processed in paraffin; a section prepared from each paraffin block was stained with H&E.

Microscopic sections from the left dura demonstrate intact red cells on the subdural surface, consistent with an acute subdural hemorrhage. Sections from the right superior frontal gyrus, left superior parietal lobe, mamillary body, left inferior temporal lobe, cerebellum, and brainstem show intact red cells without an associated inflammatory reaction within the leptomeninges, corresponding to acute subarachnoid hemorrhage.

Sections from the right orbital-frontal region, left temporal lobe, and bilateral occipital lobes demonstrate acute hemorrhage and vacuolation within the cerebral cortex, consistent with acute cortical contusions and associated edema. Scattered hypereosinophilic neurons are noted, which are indicative of acute hypoxic/ischemic neuronal injury. Rare Hirano bodies and granulovacuolar degeneration are identified in the left hippocampus, consistent with non-specific neurodegenerative changes. Arteriolosclerosis with associated scattered perivascular hemosiderin- laden macrophages is also noted.

Sections from both cerebellar hemispheres show acute hemorrhage and focal collections of neutrophils within the folia, consistent with acute contusions. Hypereosinophilic Purkinje cells are identified corresponding to hypoxic/ischemic changes.

(b)(6)

ADDENDUM 2: CARDIOVASCULAR PATHOLOGY CONSULTATION
REPORT (PAGE 1 OF 1)

FINAL DIAGNOSIS

DIAGNOSIS: (b)(6) **Heart, post mortem examination: Severe coronary atherosclerosis, two vessel disease, 90% luminal narrowing of proximal left anterior descending artery with healed plaque rupture and 75% narrowing of proximal right coronary artery**

History: Iraqi male detainee, date of birth unknown; sternal and rib fractures, rule out myocardial contusions

Heart: 425 grams; normal epicardial fat with no contusions seen on the external surface of the heart; closed foramen ovale; normal cardiac chamber dimensions: left ventricular cavity diameter 30 mm, left ventricular free wall thickness 14 mm, ventricular septum thickness 14 mm, right ventricle thickness 4 mm, without gross scars or abnormal fat infiltrates; valves and endocardium grossly unremarkable; no gross myocardial necrosis or fibrosis; histologic sections show mild left ventricular myocyte hypertrophy with focal interstitial and replacement fibrosis, focal myofiber disarray and rare basophilic degeneration of myocytes

Coronary arteries: Normal ostia; right dominance; focally severe coronary atherosclerosis

Left anterior descending artery (LAD): 90% narrowing of proximal LAD by fibrocalcific plaque with healed plaque rupture

Right coronary artery (RCA): 75% narrowing of proximal RCA by fibroatheromatous plaque

(b)(6)

Staff pathologist

Blocks made: 7 (5 heart, 2 coronary arteries)
Slides made: 9 (7 H&E, 2 Movat)

CERTIFICATE OF DEATH (OVERSEAS) Acte de décès (D'Outre-Mer)			
NAME OF DECEASED (Last, First, Middle) Nom du décédé (Nom et prénoms) BTB Mohamed, Hamed Ali,		GRADE Grade	BRANCH OF SERVICE Arme Civilian
ORGANIZATION Organisation		NATION (e.g. United States) Pays Iraq	DATE OF BIRTH Date de naissance (b)(6) 1952
RACE Race		MARITAL STATUS Etat Civil	RELIGION Culte
<input checked="" type="checkbox"/> CAUCASOID Caucasique	<input type="checkbox"/> NEGROID Négre	<input type="checkbox"/> SINGLE Célibataire	<input type="checkbox"/> DIVORCED Divorcé
<input type="checkbox"/> OTHER (Specify) Autre (Spécifier)	<input type="checkbox"/> MARRIED Marié	<input type="checkbox"/> SEPARATED Séparé	<input type="checkbox"/> PROTESTANT Protestant
	<input type="checkbox"/> WIDOWED Veuf		<input checked="" type="checkbox"/> CATHOLIC Catholique
			<input type="checkbox"/> JEWISH Juif
NAME OF NEXT OF KIN Nom du plus proche parent		RELATIONSHIP TO DECEASED Parenté du décédé avec le sus	
STREET ADDRESS Domicile à (Rue)		CITY OR TOWN OR STATE (include ZIP Code) Ville (Code postal compris)	
MEDICAL STATEMENT Déclaration médicale			
CAUSE OF DEATH (Enter only one cause per line) Cause du décès (N'indiquer qu'une cause par ligne)			INTERVAL BETWEEN ONSET AND DEATH Intervalle entre l'attaque et le décès
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Maladie ou condition directement responsable de la mort			Pending
ANTECEDENT CAUSES Symptômes précurseurs de la mort	MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE Condition morbide, s'il y a lieu, menant à la cause primaire		
	UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE Condition morbide, s'il y a lieu, menant à la cause primaire		
OTHER SIGNIFICANT CONDITIONS Autres conditions significatives			
MODE OF DEATH Condition de décès	AUTOPSY PERFORMED Autopsie effectuée <input checked="" type="checkbox"/> YES Oui <input type="checkbox"/> NO Non	CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES Circonstances de la mort suscitées par des causes extérieures	
<input type="checkbox"/> NATURAL Mort naturelle	MAJOR FINDINGS OF AUTOPSY Conclusions principales de l'autopsie	Mode of Death : Pending	
<input type="checkbox"/> ACCIDENT Mort accidentelle	NAME OF PATHOLOGIST Nom du pathologiste		
<input type="checkbox"/> SUICIDE Suicide	(b)(6)	DATE Date	AVIATION ACCIDENT Accident à l'Avion
<input type="checkbox"/> HOMICIDE Homicide	(b)(6)	15 February 2006	<input type="checkbox"/> YES Oui <input checked="" type="checkbox"/> NO Non
DATE OF DEATH (day, month, year) Date du décès (le jour, le mois, l'année)	PLACE OF DEATH Lieu de décès		
(b)(6)	2006		
I HAVE VIEWED THE REMAINS OF THE DECEASED AND DEATH OCCURRED AT THE TIME INDICATED AND FROM THE CAUSES AS STATED ABOVE. J'ai examiné les restes mortels du défunct et conclus que le décès est survenu à l'heure indiquée et à la suite des causes énumérées ci-dessus.			
NAME OF MEDICAL OFFICER Nom du médecin militaire ou du médecin sanitaire	TITLE OR DEGREE Titre ou diplôme Medical Examiner		
(b)(6)			
GRADE Grade	INSTALLATION OR ADDRESS Installation ou adresse		
(b)(6)	Dover AFB, Dover DE		
DATE Date	(b)(6)		
03/16/06			

FORM DD 1 APR 77 2064

REPLACES DA FORM 3545, 1 JAN 72 AND DA FORM 3545-R(PAS), 28 SEP 75, WHICH ARE OBSOLETE.

MEDCOM 0655